

(Insert Your Company Logo)

Access Service Request

717
(1978)

| | | | | | | | |
|----------------------------|-------------------|----------|-------|---------|--------|-----|------|
| Administrative Section | | CCMA | PCN | VER | ASR NO | BPA | IOSC |
| 11/28 | | 11/28 | 11/28 | | | | 3601 |
| DISENT | CA | CCD | FDT | PROJECT | PPID | | |
| 03-21-97-1115AM | | 04-03-97 | | | | | |
| PFID | PCN | LUP | BSA | RENTYP | ACT | SUP | AFO |
| | | | | AD | | | |
| CUST | FBA EF DT AUX FHI | | | CFHI | | | |
| CNR | | | | UNIT | PU | LTP | |
| | | | | 1000 | | | |
| ECENT | | | | QTY | | | |
| | | | | 24 | | | |
| QTY | BAW | ASG | BIC | BIC TEL | BIC ID | TSO | |
| | | | | | | | |
| AGIL | LA | AI | APOT | ROPO | APON | | |
| ELVENCHARD | | | | | | | |
| CCWN | ASC-EC | TSP | BAN | AFB | SPEC | | |
| | | | | | | | |
| REMARKS | | | | | | | |
| ESTABLISH TRANSITING GAPUP | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Bill Section

| | | | | |
|--------------------|------------|--------------|---------|-------|
| BILL NO | SEALNM | ACMA | TE | EBP |
| WILLINGTON COMPANY | | 11/28 | | |
| STREET | FLOOR | ROOM | CITY | STATE |
| 1117 DEARBORN | 5 | 33 | CHICAGO | IL |
| ZIP CODE | BALCON | TEL NO | SCL | YTA |
| 35275 | STEVE HALL | 312-778-1277 | | |

Contact Section

| | | | |
|------------|---------------|-----------------|----------|
| INT | STREET | STATE | ZIP CODE |
| Full CRANE | 1117 DEARBORN | IL | 35275 |
| FLOOR | ROOM | CITY | |
| 4 | 53 | CHICAGO | |
| OSGCON | TEL NO | STREET | DRC |
| 808 JONES | 312-778-1440 | 1117 DEARBORN | |
| FLOOR | ROOM | STATE | ZIP CODE |
| 2 | 54 | CHICAGO | 35275 |
| INPCON | TEL NO | STREET | MTCE |
| 808 JONES | 312-778-1440 | 03-24-97-1200PM | OFFICE |
| | | TEL NO | |
| | | 312-778-1328 | |

(Insert Your Company Logo)

Feature Groups B-C-D

117
(12-99)

Administrative Section

Service Details

CCNA PCN VEA ASR NO
DCCARD CFARD CCARD
CFCO ORCI TTY TRFTYP M SECTLY ENL CXC TRH
-P- 79-79 5688

RECCKT

RECCKT

CF3

PC SWITCH LOCATION

PC SWITCH TYPE

CHRT

SCFA

CSPC

TCX

LT

SLC

XC1

INTEL

HBAN

FAC1

SSPC

PCU

SSPC TYPE

PRI ADM

SEC ADM

SSPC

PCU

SSPC TYPE

SSPC

PCU

SSPC TYPE

SSPC

PCU

SSPC TYPE

SSPC

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SSPC TYPE

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SSPC TYPE

SSPC

PCU

SSPC TYPE

Service Options

SR MBA CPS GETO WAG COND DDO PCACT

REL TSC

ALTRO

FCD 850

SCRT

CHOK

CGAP

Location Section

SECLOC

D. NPAMIN

REMARKS

End Office Detail

913
13-204

Administrative Section

ED USE CCNA PCN VEN ISB NO PG

(S) HZA T-55 ORDER 1 OF 1

| | | | | | | |
|--------|----------------|---------|----------|------|---------|-----|
| TK QT7 | ACCESS TANDEN | CRA YFF | TERM TRF | UNIS | TRF YFF | TSC |
| 244 | EL EY ENC HARR | 45.000 | 45.000 | CLS | 7575 | |

| EO ACT | END OFFICE | ORIG | TEAM | TSC | AN |
|--------|------------|------|------|-----|----|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
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| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |

REMARKS

12/14

Translation Questionnaire

1920

| | | | | |
|------------------------|-----|-----|-----|-------|
| Administrative Section | CCM | PCM | VER | ASANO |
|------------------------|-----|-----|-----|-------|

| | TECH CN | | | | | | | | TEL NO | | | | | | | | CB TEST IM | | | | | | | |
|-----------------------|---------|---|---|---|---|---|---|---|--------|---|---|---|---|---|---|---|------------|---|---|---|---|---|---|---|
| Common Section | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

[illegible]

| JLT REF | | JLT REF | | | |
|---------|------|---------|------|-----|------|
| REF | FACT | REF | FACT | REF | FACT |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |

[illegible][illegible][illegible]

REMARKS

REFER TO SECTION 23 - 4004 INTERCONNECTION FOR HELP AID

(Insert Your Company Logo)

Translation Questionnaire (Cont'd.)

| Administrative Section | | | | | | | | | |
|--------------------------------|---------|------|---------|----------|--------|--|--|--|--|
| CGA | PCN | VER | 18R710 | | | | | | |
| SSAC NDX Code Activity Section | | | | | | | | | |
| CGC | CRD LEV | COY | TEST AM | TECH CON | TEL NO | | | | |
| SSAC ACT | | APCN | TEST TN | | | | | | |
| NDX | | | | | | | | | |
| TEST RESPONSE | | | | | | | | | |
| SSAC ACT | | | | | | | | | |
| APCN | | | | | | | | | |
| TEST TN | | | | | | | | | |
| TEST RESPONSE | | | | | | | | | |
| REMARKS | | | | | | | | | |

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I. Business Procedures

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I. Business Procedures - Introduction

This section relates to start-up processes for local telecommunication providers in the BellSouth serving area. The information includes: items required by BellSouth prior to processing service requests from a CLEC; BellSouth services relating to databases and billing processes; special options available to the CLEC and/or CLEC end users; and services provided by BAPCO.

GENERAL INFORMATION

Purpose

This document provides detailed information applicable in the nine states served by BellSouth. The information is generally applicable in all states, however, due to individual state requirements, including specific Public Service Commission rules and decisions, aspects of the handbook may not apply or may apply differently in an individual state. It is recommended that the CLEC contact BellSouth personnel to confirm the applicability in a particular state, if a question arises.

Related Documents

This handbook is designed as a supplement to the documents listed below. These documents are extremely important and contain the majority of information required for order processing.

- “Access Service Ordering Guidelines”
(Commonly referred to as ASOG; published by Bellcore)

To obtain a copy of the ASOG document, contact:

Lynn Arthur, Project Manager
BellSouth
Room 29A51
675 W. Peachtree Street
Atlanta, GA 30375

Telephone Number: (404) 529-5469

- “Guide to Interconnection”

To obtain a copy of the “Guide to Interconnection”, contact your CLEC Account Team

Mechanized Interfaces

BellSouth offers mechanized interfaces for Pre-ordering, Ordering, Billing, and Repair processes. Interested CLECs should contact the account team for information concerning use of these interfaces.

Updates to the Ordering Guide**How to Receive**

This document may be reproduced only for your Company's exclusive use and should be retained for future reference. The information will be updated periodically. Updates will be mailed to **one location** in your company. The CLEC is responsible for internal distribution. Provide the information requested below and mail or fax to the address on this page.

Company Name _____

Operating Company Number (OCN) _____

Address _____

City _____

State _____ ZIP _____

Requested By _____

10 Digit Telephone Number _____

Updates Requested For:

- ☐ Resale Ordering Guide
☐ Facility Based Guide

Mailing Address

LCSC Operations Support
BellSouth Center
Room 29A51
675 W. Peachtree Street
Atlanta, GA 30375

Facsimile Number

1-888-305-9170

Account Team

Contact the account team for the following services:
(This is not an all inclusive list.)

- Contract Negotiations
- Enhanced Billing Options Negotiations
- Transport Percentage Negotiations
- Completion of Class of Service Request Form for Selective Routing *
- Selection of Customized Calling Restrictions (Dialing Options) *
- Customer Education (i.e., how to do business with BellSouth)
- Technical Assistance
- General Problem Resolution (i.e., customer advocate)
- Tariff Interpretation
- Rate Quotations
- Project/Order Coordination

CLECs which are a part of, or affiliated with, the MCI, Sprint and AT&T Interexchange Carrier families will be supported by their existing account teams. The contact numbers are provided in the "Guide to Access".

All remaining CLECs will be supported by the CLEC Account Team.

**CLEC Account
Team Contact**

Bill French - Account Manager

Office: 205-977-0535

Pager: 800-729-1372

Mailing Address

BellSouth
3535 Colonnade Parkway
Room E4E1
Birmingham, AL 35243

*** These forms must be completed in conjunction with the up front planning and/or negotiation process and submitted to the account team. No orders should be placed prior to the completion of required network activities. See the "Unbundled Local Switching (ULS)" information included in this guide.**

Local Carrier Service Center

Purpose The Local Carrier Service Center (LCSC) provides a central point of contact for processing Competitive Local Exchange Carrier (CLEC) orders for BellSouth services.

Responsibility The LCSC provides the following services for its customers:

- Service Order Issuance for Unbundled Network Elements
- Handle billing inquiries, payment arrangements, general questions and assistance.

Telephone Numbers Telephone numbers for voice calls and fax orders are provided in the "Local Service Ordering Process" Section, Tab 3 - "General Form Information and Ordering Rules".

Holidays Observed

New Years Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

**Bona Fide Request
Process for Unbundled
Capabilities**

In order to evaluate the availability and feasibility of all CLEC requests for unbundled services or capabilities not currently addressed in agreements, the Bona Fide Request (BFR) Process was developed. The BFR Process ensures that all requests for new services are answered in a timely and efficient manner and in compliance with applicable regulatory requirements.

If you would like to submit a Nondisclosure Agreement in association with your request, please attach a BellSouth prepared non-disclosure agreement or request one to be sent to you for completion. If you have questions or concerns regarding any of the information being requested, your Account Team manager will discuss these matters with you and will work with you to pursue appropriate measures to address your concerns.

The completed "Request for Unbundled Capabilities" form (following page) should be mailed or faxed to the following address:

BellSouth Telecommunications
Bona Fide Request Manager
675 West Peachtree Street
Atlanta, GA 36601

Fax Number: 404-529-7839

**REQUEST FOR UNBUNDLED CAPABILITIES
BELLSOUTH TELECOMMUNICATIONS**

CLEC Name _____

CLEC Contact _____

Phone Number _____

Phone Number _____

Address _____

Address _____

CLEC Request Number _____

Date Submitted _____

The following information is required for BellSouth to understand and evaluate your request.

1. Provide technical and functional requirements or characteristics of the requested capability.

2. What are the geographic coverage area(s) in which the service/application is to be accessible or is to provide access (City, LATA, State)?

3. If known, provide the serving address, central office(s) and NXX(s) involved.

4. Is this service available from any other ILEC? ☐ YES ☐ NO ☐ Unknown
If yes, which ILECs?

5. Are you requesting this same capability from other ILECs? If so, please provide the ILEC name(s) and the name of the service.

6. Provide a diagram of the requested service. Attach additional pages as necessary.

CREDIT AND DEPOSIT POLICY

Before a new account can be established, BellSouth must be provided with information to determine deposit and advance payment requirements. This will be required before establishing the **Master Account** and submitting orders for processing.

BellSouth may require the CLEC to provide proof of satisfactory credit with BellSouth or pay a deposit and/or an advance payment prior to processing service requests. BellSouth will accept an irrevocable Bank Letter of Credit or a Surety Bond in lieu of a deposit.

The CLEC should complete the attached Credit Rating form and forward the form to BellSouth's Finance Organization via facsimile.

Attention: Russ Goldman
Fax Number: 404-688-3979

DEPOSITS

A deposit is a sum of money or security obtained from a customer to be held by BellSouth to assure payment of an account. Deposits may be requested in connection with either new or existing service as a means of protection against lost revenue. Accounts will be routinely reviewed and increased deposits will be requested on accounts, if appropriate.

Deposits for CLEC accounts cannot be combined with, precluded by, or covered by deposits for other BellSouth services.

SURETY BONDS

A Surety Bond is an obligation which states that a security company guarantees payment of accounts in the event of default by the bonded customer. The bond must be obtained from a security company which meets all BellSouth standards.

BANK LETTER OF CREDIT

A Bank Letter of Credit is a document issued by a financial institution which guarantees a specific amount of money will be paid upon request.

Many banking institutions use a standardized form and others may issue an individual letter. Both types are acceptable; however, the Bank Letter of Credit must clearly state or include the following information:

- The identity of the customer covered by the letter of credit.
- The beneficiary of the Letter of Credit is BellSouth. The word 'beneficiary' is highly preferred but not required; there must at least be clear language stating the letter of credit is in favor of, or for the benefit of BellSouth.
- The Bank Letter of Credit is irrevocable.
- It is a letter of credit drawn on (name and location of bank).
- The specific amount of credit extended.
- The termination date or procedure for termination.
- Partial drawings are permitted.
- The procedure for collecting.
- Any processing and/or examination fees charged to BellSouth by its collecting bank will be added to any CLEC unpaid amounts and deducted from the amount secured by the letter of credit.
- The letter must be dated and must bear the signature and title of an authorized officer of the bank.

INTERCONNECTION SERVICES
CREDIT RATING

CUSTOMER (exact legal name):

STREET ADDRESS

CITY, STATE

Main Telephone Number

CUSTOMER CONTACT (financial contact):

DESCRIPTION OF TYPE OF SERVICE:

Contact Telephone Number

ESTIMATED MONTHLY SERVICE:

ESTIMATED MONTHLY TRAFFIC:

PAY PER CALL %:

CREDIT RATING:

RATING

1. NUMBER OF YEARS IN BUSINESS:

2. PAYMENT HISTORY WITH BELLSOUTH:

* YEARS OF SERVICE:

* NSF CHECKS:

* AVG. DELINQUENCIES/YR.:

3. BANK REFERENCE:

* LENDING OFFICER NAME/PHONE:

* TYPE OF RELATIONSHIP:

* AVAILABLE LINE:

LINE /EST. MO. TRAFFIC:

4. TRADE REFERENCES:

* VENDOR/CREDITOR NAME/PHONE:

* AMOUNT/TERMS OF CREDIT EXTENDED:

* VENDOR/CREDITOR NAME/PHONE:

* AMOUNT/TERMS OF CREDIT EXTENDED:

* VENDOR/CREDITOR NAME/PHONE:

* AMOUNT/TERMS OF CREDIT EXTENDED:

5. CONFIRMED REGISTERED WITH SECRETARY
OF STATE AND APPROVED BY PSC

6. BUSINESS/LEGAL ISSUES:

7. DEBT RATING (S & P):

OVERALL RATING:

CREDIT RATING PERFORMED BY:

DATE:

Please return to:
Interconnection Finance
34E38 BellSouth Center
Atlanta, Ga 30375

Submitted by :

Telephone Number: